

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
02-008

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~January 1, 2002~~ **April 1, 2002 (PFI)**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$24,000 start-up costs

b. FFY 2003 \$<3,020,000> savings after program starts

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 56b

Attachment 4.18-F

Pages 1 - 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Page 56b

10. SUBJECT OF AMENDMENT:

Premiums -- Medical extension benefits

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Department of Social and Health Services

Medical Assistance Administration

623 8th St SE MS: 45500

Olympia, WA 98504-5500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

APR - 1 2002

18. DATE APPROVED: **20 2002**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **APR 1 2002**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Burner Butterfield

22. TITLE:

**ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID AND STATE OPERATIONS**

23. REMARKS:

FORWARDED 3/29/02 **Olympia**
(CITY/STATE)

PFI changes authorized by the state 6/17/02.

State: Washington

Citation1916 (c) of
the Act

4.18(b)(4)

☐

A monthly premiums is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(ix) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to the family of the size involved. The requirements of section 1916(c) of the Act are met. Attachment 4.18-D specifies the method the state uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.

1902(a)(52)
and 1925(b)
of the Act

4.18(b)(5)

☒

For families receiving extended benefits during a second six-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act. Attachment 4.18-F specifies the method the state uses for determining the premium, exemptions from the premium requirement, the method the states uses for billing the premium, and good cause criteria for failure to pay the required premium.

1916(d) of
the Act

4.18(b)(6)

☐

A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. Attachment 4.18-E specifies the method and standards the state uses for determining the premium.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Washington

Premiums Imposed on Families Receiving Extended Benefits
During a Second Six-Month Period

- A. The following method is used to determine the premium imposed during each premium payment period on families receiving extended benefits (Transitional Medicaid or TMA) during the second six-month period under section 1902(a)(52) and section 1925 of the Act:

The premium amount for months seven, eight, and nine are based on the family's average gross monthly earnings less the average monthly cost of child care that is necessary for the employment of the caretaker relative during months one, two and three. The premium amount for months ten, eleven, and twelve are based on the family's average gross monthly earnings less the average monthly cost of child care that is necessary for the employment of the caretaker relative average income less work-related child cares during months four, five, and six.

The family's average gross monthly earnings less the average monthly cost of child care that is necessary for the employment of the caretaker relative is divided by three and multiplied by one percent. This amount is rounded down to the nearest whole dollar for the per person/per month premium. In no case may the amount of the premium exceed three percent of the family's average gross monthly earnings less the average monthly cost of child care that is necessary for the employment of the caretaker relative.

A family whose average gross monthly earnings less work-related child care is equal to or less than one hundred percent of the federal poverty level (FPL) is exempt from the premium requirement. In addition, pregnant women and children are exempt from the premium requirement.

- B. A description of the billing method used is as follows (include due date for premium payment and notification of the consequences of nonpayment):

Billing is approximately the fifth of each month for the following month of service. If payment is not received by the end of the month of service, the department reviews individual members of the family to determine if they are

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Supercedes
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Approval Date:

Effective Date: 4/1/02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Washington

Premiums Imposed on Families Receiving Extended Benefits
During a Second Six-Month Period

B. (Continued)

eligible for another medical program. If a client is not eligible for another program, the receipt of medical will end the end of the month following the month of service for which the client has not paid the premium. The client is given a minimum of ten days advance notice.

- C. The criteria for determining good cause for failure to pay such premium on a timely basis are described below:

Reasons for good cause include, but are not limited to:

1. Illness, mental impairment, injury, trauma, or stress;
2. Lack of understanding the premium payment requirement due to a language barrier;
3. Transportation problems;
4. The client did not pay the premium because they expected to be able to meet the family medical needs, but could not; or
5. The client was given incorrect information or did not receive advance and adequate notice about the premium payment requirements.

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